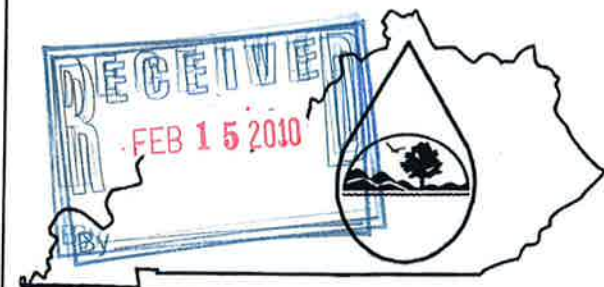
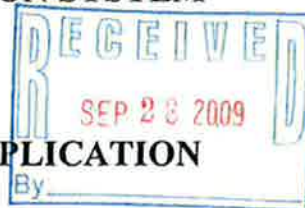


KPDES FORM 1

AZ# 321



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



PERMIT APPLICATION

This is an application to: (check one)

- ☒ Apply for a new permit.
- ☐ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

CK 200-

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE
A. Name of business, municipality, company, etc. requesting permit Bear Creek Deer Farm LLC.		0087033
B. Facility Name and Location Bear Creek Deer Farm Lodge		C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner mailing address on a separate sheet if different.
Facility Location Name: 320 Franks Rd		Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Jonathan Reece
Facility Location Address (i.e. street, road, etc., not PO Box): Rush, KY 41168		Mailing Address: Hickory Nut Ridge Rd
Facility Location City, State, Zip Code:		Mailing City, State, Zip Code: Granite Falls N.C 28630
		Facility Contact Telephone Number: 606-928-4978 828-312-9527

II. FACILITY DESCRIPTION	
A. Provide a brief description of activities, products, etc: Bed + Breakfast Inn + Lodge for guest in our hunting outfitter business / Lodging and meals for our hunters + guest.	
B. Standard Industrial Classification (SIC) Code and Description	
Principal SIC Code & Description:	N/A
Other SIC Codes:	

III. FACILITY LOCATION	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: Boyd	City where facility is located (if applicable): Rush
C. Body of water receiving discharge: Small Branch (Bolt Fork + Jack Fork Creek)	
D. Facility Site Latitude (degrees, minutes, seconds): 38 15 20	Facility Site Longitude (degrees, minutes, seconds): 82 45 29
E. Method used to obtain latitude & longitude (see instructions): copied from Previous Application	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): N/A	

IV. OWNER/OPERATOR INFORMATION	
A. Type of Ownership: <input type="checkbox"/> Publicly Owned <input checked="" type="checkbox"/> Privately Owned <input type="checkbox"/> State Owned <input type="checkbox"/> Both Public and Private Owned <input type="checkbox"/> Federally owned	
B. Operator Contact Information (See instructions)	
Name of Treatment Plant Operator: Ray Kitchen	Telephone Number: 606-473-1021
Operator Mailing Address (Street): 1949 State Rte 1459	
Operator Mailing Address (City, State, Zip Code): Argillite Ky 41121	
Is the operator also the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Is the operator certified? If yes, list certification class and number below. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Certification Class: II	Certification Number: 5216

V. EXISTING ENVIRONMENTAL PERMITS		
Current NPDES Number: Ky 0087033	Issue Date of Current Permit: N/A	Expiration Date of Current Permit:
Number of Times Permit Reissued:	Date of Original Permit Issuance:	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #: KY0087033	Kentucky DSMRE Permit Number(s):	

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

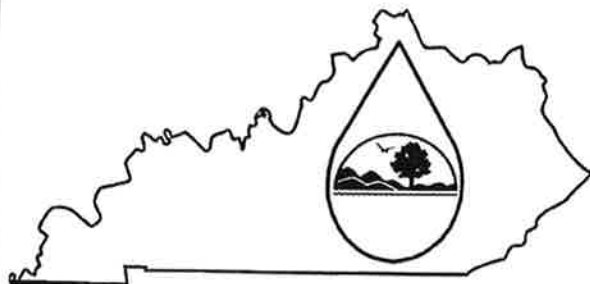
KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	Jonathan Reece
DMR Official Telephone Number:	859-488-8531 828-312-9527

B. DMR Mailing Address:	
<ul style="list-style-type: none"> Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address. 	
DMR Mailing Name:	Bear Creek Lodge
DMR Mailing Address:	22122 Bear Creek Rd
DMR Mailing City, State, Zip Code:	Catlettsburg Ky 41129

KPDES FORM SC

AI# 321



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: Bear Creek Deer Farm, Lodge

I. FACILITY DISCHARGE FREQUENCY

AGENCY
USE

0 0 8 7 0 3 3

A. Do discharge(s) occur all year? Yes ☒ No ☐
(Complete Item IX for intermittent discharges.)

B. How many days per week?

7

II. A. Give the basis of design for sizing of the wastewater facility (see instructions):

No New Design As per previous permit
Bed + Breakfast Facility Designed for 48 people

B. If new discharger, indicate anticipated discharge date:

C. Indicate the design capacity of the treatment system:

MGD

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	38	15	22	82	45	29	Bolt Fork Creek + JACKSON Fork Creek
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				off old application and permit			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	Sewage treatment	0.0070	PRE-AERATION	3E
			Equalization	1Y
			DISINFECTION (chlorine)	2F
			Treatment by aeration	3M

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage) ☐ Oil field waste
☐ Noncontact cooling water ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No**VII. Discharge to other than surface waters. Check appropriate location:**

- ☐ Publicly-owned lake or impoundment Name of lake: N/A
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/> Antimony		<input type="checkbox"/> Copper		<input type="checkbox"/> Silver	
<input type="checkbox"/> Arsenic		<input type="checkbox"/> Lead		<input type="checkbox"/> Thallium	
<input type="checkbox"/> Beryllium		<input type="checkbox"/> Mercury		<input type="checkbox"/> Zinc	
<input type="checkbox"/> Cadmium		<input type="checkbox"/> Nickel			
<input type="checkbox"/> Chromium		<input type="checkbox"/> Selenium			

N/A

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:

NA

(If bypass points are indicated, information below must be completed for each bypass.)

NA

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points:

(If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
Bear Creek Lodge	50
TOTAL POPULATION SERVED	50

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)
N/A		

XII. EFFLUENT CHARACTERISTICS

A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	N/A		
TOTAL SUSPENDED SOLIDS			
FECAL COLIFORM			
TOTAL RESIDUAL CHLORINE			
OIL AND GREASE			
CHEMICAL OXYGEN DEMAND			
TOTAL ORGANIC CARBON			
AMMONIA			
DISCHARGE FLOW			
PH			
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)			

B. Frequency and duration of flow:

N/A

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

TELEPHONE NUMBER (area code and number):

Mr. ☒ Ms. ☐

JONATHAN REECE - OWNER

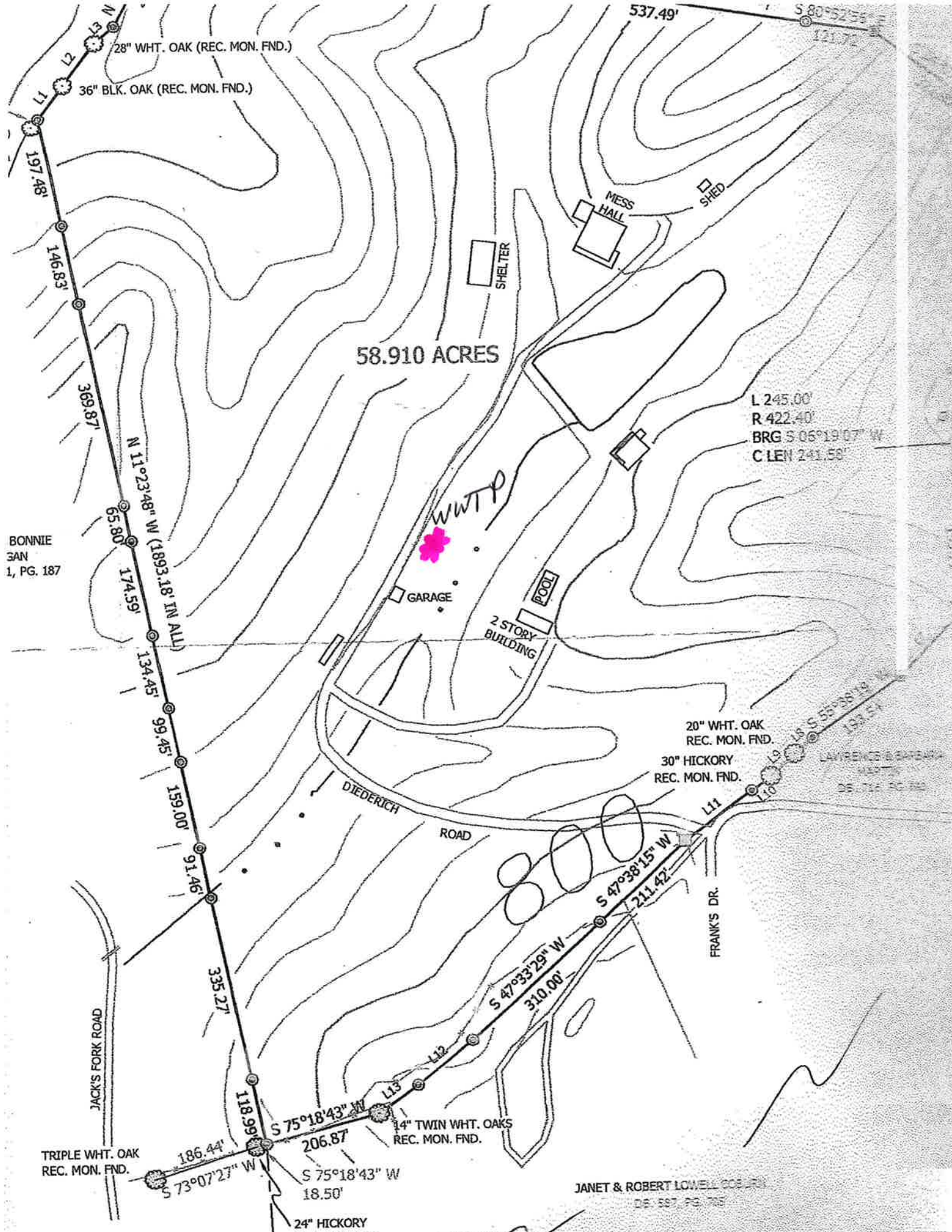
828-312-9527

SIGNATURE

DATE



9-28-09



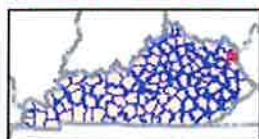
BONNIE
3AN
1, PG. 187

JANET & ROBERT LOWELL COS. JRN
DS-587, PG. 708

Kentucky Geological Survey
Geologic Information Service

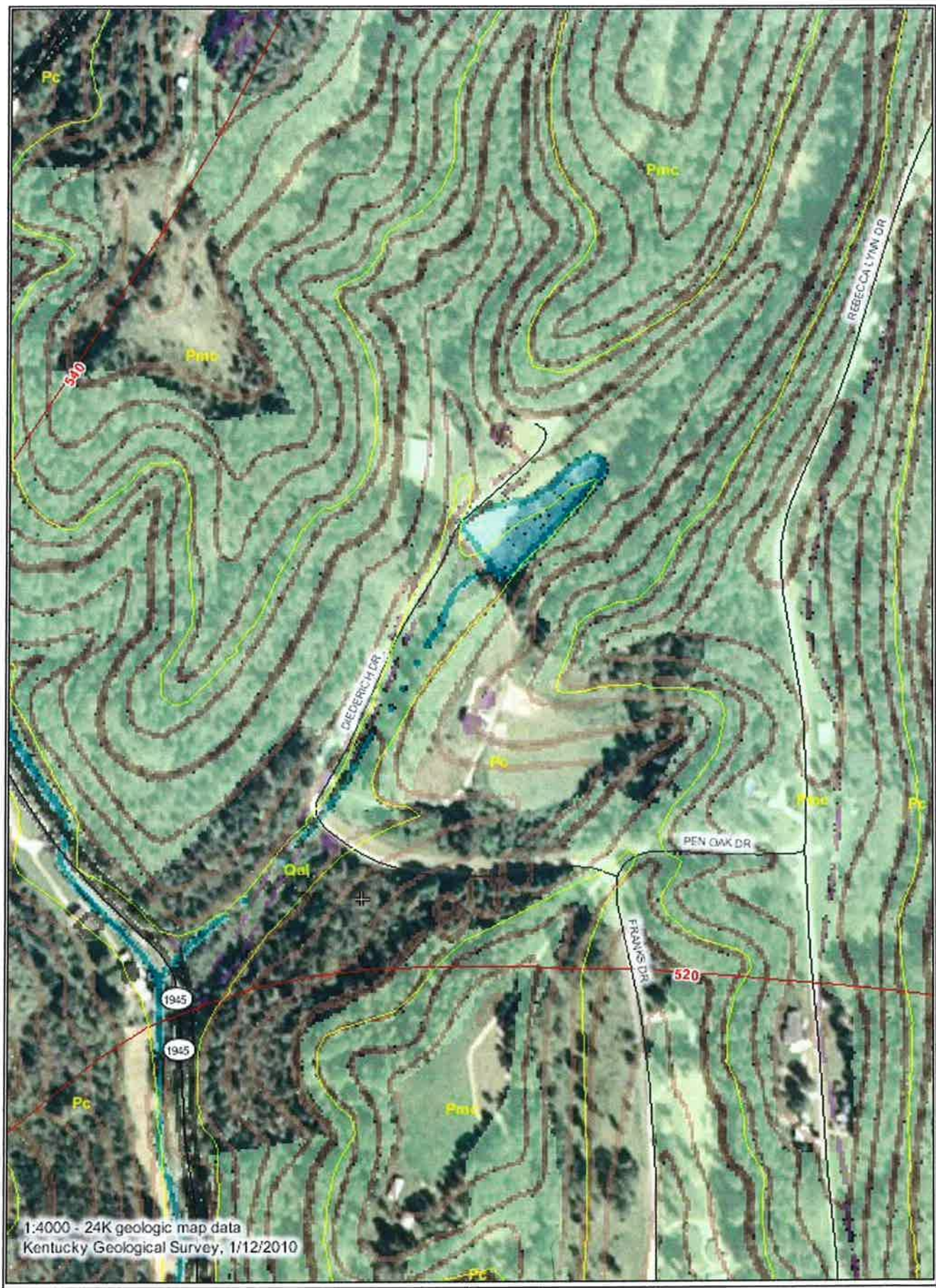


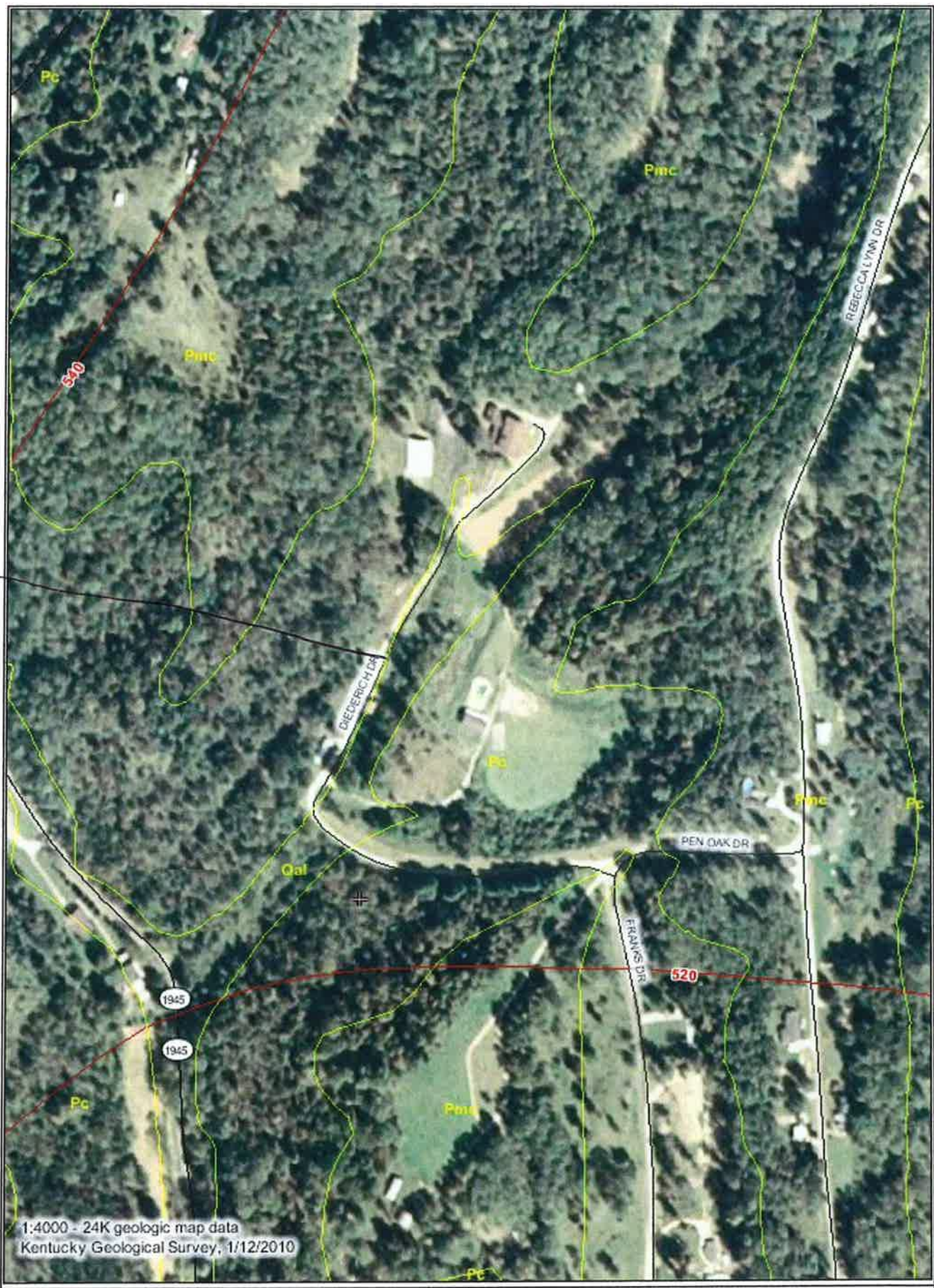
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1/11/2010

320 franks drive rush ky - Google Maps

Google maps

Address **320 Franks Rd**
Rush, KY 41168

Get Google Maps on your phone

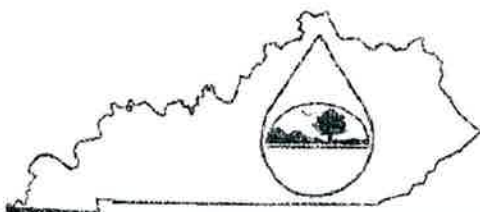


Text the word "GMAPS" to 466453



AI
321

KPDES FORM SDAA

Kentucky Pollutant Discharge
Elimination System (KPDES)Socioeconomic Demonstration and
Alternatives Analysis

The Antidegradation Implementation Procedure found in 401 KAR 10:030, Section 1(3)(b)3 requires KPDES permit applications for new or expanded discharges to waters categorized as "Exceptional or High Quality Waters" to conduct a socioeconomic demonstration and alternatives analysis to justify the necessity of lowering local water quality to accommodate important economic or social development in the area in which the water is located. This demonstration shall include this completed form and copies of any engineering reports, economic feasibility studies, or other supporting documentation.

I. Project Information

KY 0087033

Facility Name: BEAR CREEK DAY VILLAGE LODGE

Location: 351 DIEDRICH LN
RUSH KY

County: Boyd

Receiving Waters Impacted: Holtz Fork Creek / JAMES FORK CREEK

II. Socioeconomic Demonstration

1. Define the boundaries of the affected community:

(Specify the geographic region the proposed project is expected to affect. Include name all cities, towns, and counties. This geographic region must include the proposed receiving water.)

Rush — (Boyd Co.)
 Catletsburg — (Boyd Co.)
 Cannonsburg — (Boyd Co.)
 Louisville — (Lawrence Co.)
 * Boyd & LAWRENCE COUNTIES
 ELAINE — (LAWRENCE CO.)
 FAUSBURG — (LAWRENCE CO.)

< NORTHEAST REGION OF KENTUCKY >

2. The effect on employment in the affected community:

(Compare current unemployment rates in the affected community to current state and national unemployment rates. Discuss how the proposed project will positively or negatively impact those rates, including quantifying the number of jobs created and/or continued and the quality of those jobs.)

The unemployment rate is 5.5% in Boyd County. The state unemployment rate is 5.7% and the national unemployment rate is 4.6%. Boyd Co is approx. 1% higher than the national percentage. Bear Creek Lodge will provide jobs in the positions of food preparation, housekeeping, grounds maintenance, guides, and mgt. staffing positions. Some of these positions are seasonal and some are year around. It will definitely provide job opportunities to the local residents and increase business opportunities for subcontractors within the geographical region.

II. Socioeconomic Demonstration- continued

3. The effect on median household income levels in the affected community:

(Compare current median household income levels with projected median household income levels. Discuss how proposed project will positively or negatively impact the median household income in the affected community including the number of households expected to be impacted within the affected community.)

The median household income level for Boyd Co. is \$32,749.¹⁰
 The state level is \$33,672.¹⁰ and the national level is \$41,994.⁰⁰/Household.
 Boyd Co. is lower than both state & national levels. Bear Creek Lodge
 IS A SMALL BUSINESS, SO THE EFFECTS COMMUNITY WIDE ARE QUESTIONABLE.
 THERE WILL BE THE OPPORTUNITY FOR EMPLOYMENT THAT WOULD EFFECT
 INDIVIDUAL HOUSEHOLDS AS WELL AS THE ECONOMY FOR THE SURROUNDING TOWNS,
 COMMUNITIES, AND COUNTY BY BRINGING IN NONRESIDENTS WHO WILL SHOP/BUY
 FROM LOCAL BUSINESSES, TAX REVENUES GENERATED, ^{NONRESIDENT} HUNTING/FISHING LICENSE SOLD,
 AND MONIES GENERATED THRU BUSINESS BEING UTILIZED/SPENT BACK INTO
 THE LOCAL ECONOMY.

4. The effect on tax revenues of the affected community:

(Compare current tax revenues of the affected community with the projected increase in tax revenues generated by the proposed project. Discuss the positive and negative social and economic impacts on the affected community by the projected increase.)

The Business alone would increase tax revenues generated thru business
 taxes / property taxes (real estate / vehicles), ^{Annual PMO} and ^{State} sales tax generated thru the
 sales of goods and services for the State. I don't know of any
 negative social / economic impacts towards the community. However, there
 would be positive impacts for both social & economic reasons. Bear Creek
 Lodge OFFERS OPPORTUNITIES FOR MANY PEOPLE OUTSIDE THE STATE OF
 KENTUCKY TO PARTICIPATE IN INCLUDING HUNTING, FISHING, HORSEBACK RIDING,
 AND TOURISM. EACH OF THESE WILL ALLOW NONRESIDENTS TO VISIT KENTUCKY
 AND AT THE SAME TIME SPEND MONEY AND AS A RESULT AIDING IN LOCAL ECONOMY.
 The Business would also offer opportunities for local organizations to meet for
 business meetings, church outings / retreats, ^{camps} and community educational programs
 for the residents of the surrounding communities. SHOULD ALSO INCREASE PROPERTY
 VALUE OF SURROUNDING PROPERTIES.

II. Socioeconomic Demonstration- continued**5. The effect on an existing environmental or public health in affected community:**

(Discuss how the proposed project will have a positive or negative impact on an existing environmental or public health.)

Positive Impact existing wastewater plant
operating and producing clean + clear effluent, to
streams.

6. Discuss any other economic or social benefit to the affected community:

(Discuss any positive or negative impact on the economy of the affected community including direct and or indirect benefits that could occur as a result of the project. Discuss any positive or negative impact on the social benefits to the community including direct and indirect benefits that could occur as a result of the project.)

N/A

III. Alternative Analysis**1. Pollution prevention measures:**

(Discuss the pollution prevention measures evaluated including the feasibility of those measures and the cost. Measures to be addressed include but are not limited to changes in processes, source reductions or substitution with less toxic substances. Indicate which measures are to be implemented.)

We have No toxic substances used.
All consists of human waste. Pollution prevention
measures include General Operation with full time
washing schedule (pumping solids as required)

2. The use of best management practices to minimize impacts:

(Discuss the consideration and use of best management practices that will assist in minimizing impacts to water quality from the proposed permitted activity.)

WE WILL HAVE A CLASS II CERTIFIED OPERATOR, WITH 20+ YEARS
EXPERIENCE OVERSEEING THE OPERATION OF THE SEWER TREATMENT
FACILITY/PLANT. HE WILL BE MONITORING PROPER FUNCTIONING & REQUIRED
TESTING TO MEET STATE REQUIREMENTS.

3. Recycle or reuse of wastewater, waste by-products, or production materials and fluids:

(Discuss the potential recycle or reuse opportunities evaluated including the feasibility of implementation and the costs. Indicate which of, of these opportunities are to be implemented)

NO Recycled product.

III. Alternative Analysis - continued**4. Application of water conservation methods:**

(Discuss the potential water conservation opportunities evaluated including the feasibility of implementation and the costs. Indicate which of, of these opportunities are to be implemented.)

2 N/A

5. Alternative or enhanced treatment technology:

(Compare feasibility and costs of proposed treatment with the feasibility and costs of alternative or enhanced treatment technologies that may result in more complete pollutant removal. Describe each candidate technology including the efficiency and reliability in pollutant removal and the capital and operational costs to implement those candidate technologies. Justify the selection of the proposed treatment technology.)

There are no alternative treatment technologies available at this time.

4 N/A

III. Alternative Analysis - continued**6. Improved operation and maintenance of existing treatment systems:**

(Discuss improvements in the operation and maintenance of any available existing treatment system that could accept the wastewater. Compare the feasibility and costs of improving an existing system with the feasibility and cost of the proposed treatment system.)

THIS IS THE ONLY SYSTEM THAT PRESENTLY
EXISTS. IT WAS PREVIOUSLY IN OPERATION FOR A
4-A CAMP THAT HAS BEEN OUT OF OPERATION FOR
SEVERAL YEARS.

The existing plant is in excellent working
conditions.

7. Seasonal or controlled discharge options:

(Discuss the potential of retaining generated wastewaters for controlled releases under optimal conditions, i.e. during periods when the receiving water has greater assimilative capacity. Compare the feasibility and cost of such a management technique with the feasibility and cost of the proposed treatment system.)

UR MA

THIS IS NOT AN OPTION AT PRESENT TIME.

III. Alternative Analysis - continued**8 Land application or infiltration or disposal via an Underground Injection Control Well**

(Discuss the potential of utilizing a spray field or an Underground Injection Control Well for shallow or deep well disposal. Compare the feasibility and costs of such treatment techniques with the feasibility and costs of proposed treatment system.)


Property does not consist of enough property ~~with~~ that meets (to meet) requirements for a spray field. The property is also not suitable to meet the requirements for an underground Injection Control well, and the costs for each of these is not practical with having a functioning system already in place with the sewer ~~and~~ treatment facility.

9 Discharge to other treatment systems

(Discuss the availability of either public or private treatments systems with sufficient hydrologic capacity and sophistication to treat the wastewaters generated by this project. Compare the feasibility and costs of such options with the feasibility and costs of the proposed treatment system.)

THERE ARE NONE AVAILABLE AT THIS TIME IN THIS AREA TO MY KNOWLEDGE.

IV Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and Title:	Jonathan Reece - Owner	Telephone No.:	(878) 312-9627
Signature:		Date:	9-28-09